

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 818021 (8)**

1. Corporation Name

**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**



Principal Place of Business

Mailing Address

**AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203**

**AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/02/1964**

3a. Date of Last Report  
**04/05/1995**

4. FEI Number  
**62-0563567**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when changing)

Date

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMINGS, THOMAS L. I</b>	
STREET ADDRESS	<b>2803 HEMMINGWAY DR.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISON, JERRY E</b>	
STREET ADDRESS	<b>200 12TH AVE S</b>	
CITY-ST-ZIP	<b>NASHVILLE, TN 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>METCALFE, FRANK T.</b>	
STREET ADDRESS	<b>ROUTE 2</b>	
CITY-ST-ZIP	<b>ADAMS TN</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVERETT, WALTER T</b>	
STREET ADDRESS	<b>P. O. BOX 680126</b>	
CITY-ST-ZIP	<b>FRANKLIN TN</b>	
TITLE	<b>CP</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMINGS JR, THOMAS L</b>	
STREET ADDRESS	<b>120 PROSPECT HILL</b>	
CITY-ST-ZIP	<b>NASHVILLE, TENN 00000</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>BINKLEY, RUTH A</b>	
STREET ADDRESS	<b>5001 LANGFORD PASS</b>	
CITY-ST-ZIP	<b>OLD HICKORY TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Vice President C.F.O.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>John D Speas</b>	
4.3 STREET ADDRESS	<b>1005 Lexington Drive</b>	
4.4 CITY-ST-ZIP	<b>Brentwood TN 37027</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. S. New*

3/29/96

(615) 244-5555

CR2E034 (12/95)